

Arkansas Network Adequacy Review & Regulation

Arkansas Insurance Department

Meeting Date: February 11, 2016

Meeting Preparatory Materials

1. AID had published the "Initial PY2017 Provider Type-NPI list" in AID's webpage <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy> for industry to provide feedback through additions and deletions. That feedback is due Thursday 2/11/2015. The data submission from industry actors is shown below

Entities under common ownership	Officially Designated NA SME contacts	AID's internal reference name	Data Delivered ?
AETNA, Coventry	Darcey Gartner/ Katherine Therrien	ATENA	
Ambetter, Arkansas Health & Wellness Solutions, Celtic Insurance Company	Bryan Meldrum/Jamie Gilmore	AMBETTER	2/8/2016
HMO Partners, Health Advantage, USable Mutual Insurance Company, Arkansas BCBS	Benjamin Butler/Dan Stevens	BCBS	
Connecticut General Life Insurance Company, CIGNA Health and Life Insurance Company; Federated Mutual Insurance Company; Freedom Life Insurance Company of America	Lea Anna Tonkin	CIGNA	
Humana Insurance Company	Wendy Jeffries/Tosapol Kongkran	HUMANA	
QualChoice Life and Health Insurance Company, QCA Health Plan	Mark Johnson/Karen Green	QUALCHOICE	
United Health Care Insurance Company, United Health Care of River Valley, United Health Care Life Insurance, United Health Care of Arkansas	Raegnea Thompson	UNITED	

Arkansas Network Adequacy Review & Regulation

Arkansas Insurance Department

Meeting Date: February 11, 2016

The above grouping and contact/SME is relevant for Phase 1 of the annual NA Review and Regulation program. Any updates needed on the above matrix should be communicated to Compliance Officer Thomas Herndon (Thomas.Herndon@arkansas.gov).

2. The NPI Relationship data specification has been finalized and is available as "NPI_Relationship_List_Template". Industry actors are requested to use this template to provide NPI Relationship data they have within their internal data systems. This list would be consolidated by AID for industry use to identify potentially missed providers who are contracted with the carrier. The purpose of this template is to only to collect NPI relationship information for industry use and nothing else. Once consolidated, this data would be presented back to industry as "Consolidated PY2017 NPI Relationship list" in the web location <http://rhld.insurance.arkansas.gov/Default/NetworkAdequacy>
 - a. Data Specialists are expected to be involved along with the Network Adequacy Subject Matter Experts in the initial data submission to AID, and later in the use of the consolidated data from AID. Interpreting and exploiting relationship data will likely need specialized data handling skills.
 - b. Information of each relationship between an employer NPI and employee NPI would be one record in this file. Therefore there can be only one record per combination of 1) employer/business *and* 2) employee NPI. The term "employee" as used here could refer to either a business sub-group/facility or an individual.
 - c. Sometimes the relationships between the business NPI and individual providers may be a part of a hierarchy having more than two levels. For example Dr. Smith may be associated with the Psychiatry Department within a Hospital. If the Psychiatry Department and the Hospital each have their own NPI (besides of course Dr. Smith), there would be two records necessary to describe the relationship that Dr. Smith works in the particular Hospital. One record to describe the relationship between the Hospital and the Psychiatry Department and another to describe the relationship between the Psychiatry Department and Dr. Smith.
 - d. Industry is to understand that the consolidated NPI Relationship data would be available solely as an industry asset. AID encourages Industry to report this data for common benefit and will only be as good as the data industry contributes.

How would industry use this relationship data? At the time of Phase 2 data preparations and submissions, industry may use the Provider-Type NPI pools and the consolidated relation data to determine if they may be missing some NPIs within the pool who are contracted with them and within the network, as inputs to their Network Adequacy Statistical processing and reporting to SERFF.
 - e. With the deliberations and delay in bringing out the specification for this data, the deadline for this data submission has been changed from 2/15/2016 to 2/22/2016.

Arkansas Network Adequacy Review & Regulation

Arkansas Insurance Department

Meeting Date: February 11, 2016

3. In the 2017 Draft *Letters to the Issuers* by CMS/CCIIO, quantitative review of Network Adequacy was recommended and provider-enrollee ratios was one of the metrics listed. Arkansas has not used provider-enrollee ratios in the prior years and sought industry feedback on ratio suggestions based on rural and non-rural Medicare county classification. AID got feedback from one issuer at the service area level and was presented back to industry for comment. AID has received no comment or other suggestions so far. Meanwhile AID has engaged in some research using the PY2016 NA data submitted by three issuers against their total enrollments across FFM, Private Option and SHOP. The analysis has been done on a service area level and not county based. The PY2016 NA data has the problems (lack of uniform interpretation on Provider Type and individual Provider descriptions) but despite the flaws the study brings out something that may warrant a second look by industry. The result of the three issuer study is presented as a table below.

Preliminary Enrollee Provider Calculations using PY2016 Data					
Criteria ID	Criteria	EP ratios suggested by one issuer	Issuer X	Issuer Y	Issuer Z
C010	Adult/Geriatric Primary Care Providers	250	MET	MET	MET
C020	Pediatric Primary Care Providers	500	MET	NOT MET	MET
C030	Mental Health/Behavioral Health/Substance Use Disorder Facility	750	MET	NOT MET	NOT MET
C040	Mental Health/Behavioral Health Providers	750	MET	MET	MET
C050	Substance Use Disorder Providers	1000	MET	MET	MET
C060	Oncologists	1000	MET	MET	MET
C070	Skilled Nursing Facilities	1000	MET	No data	MET
C080	Cardiologists	750	MET	NOT MET	MET
C090	Obstetrics	500	MET	NOT MET	MET
C100	Pulmonologists	1000	MET	NOT MET	MET
C110	Endocrinologists	1000	MET	NOT MET	MET
C120	FQHC	1000	MET	NOT MET	MET
C140	Family Planning	1000	MET	NOT MET	MET
C160	All Hospitals	1000	MET	NOT MET	MET
C170	School-Based Providers	1000	No data	NOT MET	MET
C180	Hospital: Surgical/Acute Care	1000	MET	NOT MET	MET
C210	Hospital: Rehabilitation	2500	MET	NOT MET	MET

AID wishes to point out using the above data that, though optional, a lack of participation in determining the required enrollee-provider standards may work to a carrier's disadvantage and may result in extensive regulatory dialog. For PY2017, AID does not wish to far exceed Medicare

Arkansas Network Adequacy Review & Regulation

Arkansas Insurance Department

Meeting Date: February 11, 2016

standards where similar Provider type data is available. AID recommends that carriers have a look at their NA data and accordingly comment on the ratios to be considered as standards. Since the Medicare Provider Type definitions are not identical to Arkansas definitions, AID seeks quantitative suggestions in each Arkansas Provider type as part of the comments.

4. Oncoming Deadlines:

- a. Feedback on "Initial PY2017 Provider Type-NPI list" through additions and deletions (Mandatory): 2/11/2016
- b. NPI Relationship data using AID provided template: 2/22/2016
- c. Comments on Provider Enrollee ratios (Optional but highly recommended): 2/22/2016